ACCOUNT FOR DECEDENT'S ESTATE

COMMONWEALTH OF VIRGINIA

VA. CODE §§ 64.2-1206, 64.2-1308

Ci	rcuit Court of		
Estate of, Deceased Date of decedent's death			
Ту	pe of Fiduciary: [] Executor [] Administrator of intestate [] Administrator, c.t.a. [] Curator		
Na	une of fiduciary Day telephone		
M	ailing address		
Na	Name of other fiduciary Day telephone		
Mailing address			
Th	is is account number [] one [] two [] three []Is this a final account? [] yes [] no.		
Fr	om (date of qualification or end of last account) to (end of this account)		
_	ACCOUNT SUMMARY		
1.	Beginning Assets (from Parts 1 and 3 of the inventory or from the prior account) \$		
2.	Receipts (attach itemized list)		
3.	Gains on Asset Sales (attach itemized list)		
4.	Adjustments (attach itemized list)		
	5. Total of 1, 2, 3 and 4 (must equal Total in Line 10) \$		
6.	Disbursements for Debts & Expenses (attach itemized list) \$		
7.	Losses on Asset Sales (attach itemized list)		
8.	Distributions to Beneficiaries (attach itemized list)		
9.	Assets on Hand (attach itemized list)		
	10. Total of 6, 7, 8, and 9 (must equal Total in Line 5)		
	Market Value of Assets on Hand \$		
1.	 I (We) certify that this is a true and accurate accounting of the assets of this estate for the period described, and if this is a final account, that to the best of my (our) knowledge all taxes have been paid or provided for. I (we) also certify and affirm that (choose one): A. [] On or before the date of filing this Account with the Commissioner of Accounts, I(we) sent a copy of it by first class mail to every person entitled to a copy, pursuant to Virginia Code Section 26-12.4, who made a written request therefor. The names and addresses of the persons to whom copies were sent and the dates they were mailed are shown on Page 2. 		
	B. [] No person entitled to a copy of this Account pursuant to Virginia Code Section 26-12.4 made a written request therefor.		
Da	te Fiduciary's Signature		
Da	tte Fiduciary's Signature		

Court File No.

Certificate of Mailing

I, the undersigned, do hereby certify that I have	e mailed a copy of the foregoing ACCOUNT FOR DECEDENT'S ESTAT
to the following individuals on this the da	ay of 20
Executor/Administrator	Executor/Administrator
	Executor/Administrator
Name of Recipient	Name of Recipient
Address	Address
City State ZIP	City State ZIP
Name of Recipient	Name of Recipient
Address	Address
City State ZIP	City State ZIP
Name of Recipient	Name of Recipient
Address	Address
City State ZIP	City State ZIP
Address City State ZIP Name of Recipient Address	Address City State ZIP Name of Recipient Address

Add pages as necessary.